

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

.....	Rejected	N .....	Non-elected
.....	Allowed	I .....	Interference
(Through numeral)...	Canceled	A .....	Appeal
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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